

APPENDIX I

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1 **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

2 **FUNDING AGREEMENT (Agreement)**

3 This Agreement is made and entered into between the State of Nevada, acting through the
4 office of historic preservation as staff assistance to the Commission for Cultural Centers
5 and Historic Preservation (STATE), , hereinafter referred to as “STATE” and, **GRANTEE**
6 **NAME** hereinafter referred to as “GRANTEE”. This Agreement is entered into pursuant
7 to the authority contained in NRS 383.520.

8 Affixed to and made a part hereof are the following attachments.

9 /**X**/ ATTACHMENT A - Scope of Work/Budget

10 /**X**/ ATTACHMENT B - Covenants

11 /**X**/ ATTACHMENT C – Assurances

12 WHEREAS, the STATE will administer a State Bond Grant-in-Aid “Grant” in an amount
13 of **AWARD \$** to assist in the **PROJECT NAME**. NOW, THEREFORE, the GRANTEE
14 in undertaking this project agrees to:

- 15 1. Duly and faithfully comply with the terms and conditions of this Agreement, all
16 applicable federal and State laws.
- 17 2. At all times during regular business hours or at an agreed to time and as often as the
18 STATE requires, permit authorized representatives of the State Historic Preservation
19 Office full and free access to the project and to the accounts, records, and books of the
20 GRANTEE relative hereto, including the right to make transcripts from such accounts,
21 records, and books. The GRANTEE must retain such accounts, records, and books for
22 three (3) years after the completion of the project.
- 23 3. Indemnify, save, and hold the State Historic Preservation Office , its agents and

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employees harmless from all claims, causes of action or liability arising from the performance of this Agreement, subject to NRS Chapter 41.

4. Consult with State Historic Preservation Office if buried or previously unidentified cultural resources are located during these project activities. If this occurs, the GRANTEE will immediately cease all ground-disturbing work in the vicinity, protect the discovery, and contact the State Historic Preservation Office within 24 hours of the discovery.
5. Ensure that a project sign is displayed in a prominent location at each project site while project work is in progress. The project sign will be provided by the State Historic Preservation Office for the duration of the project and will be returned to the State Historic Preservation Office upon project completion. If any damage occurs to the project sign during the project, the GRANTEE will be responsible for replacement of the project sign.
6. Provide the STATE with progress and financial reports in a format prescribed by the STATE during the term of the Grant. Due dates for progress reports are **PUT DATES HERE**. The first progress report is due **DATE HERE**. Required progress reports are to be submitted on or before the due dates above. If the GRANTEE fails to provide the required progress reports during the *first 180 days* (one hundred and eighty) from execution of this Agreement, the STATE reserves the right to revert the *entire* Grant amount from the GRANTEE. If the GRANTEE allows *two quarters* to pass without contacting the STATE to submit a reimbursement request and/or required progress reports, the STATE reserves the right to revert any *remaining* grant funds from the GRANTEE.
7. Submit a final report in a format prescribed by the STATE within **sixty (60)** days of the

1 completion of the project named herein or by **DATE HERE**, whichever comes
2 first.

3 8. Maintain:

4 a) An accurate record of all expenditures related to the project. Records must be
5 supported by source documentation. All volunteer services claimed as
6 nonfederal share must be documented through timecards or records signed by
7 both the volunteer and project supervisor. The State Historic Preservation
8 Office may require audits of all project-related records. Such audits shall be
9 at the expense of the GRANTEE.

10 b) A special account for the project so that an exact itemization of project
11 expenditures can be submitted by check number along with copies of canceled
12 checks, itemized invoices, and properly documented time sheets.

13 c) A comparison of actual expenditures with budgeted amounts for the
14 Agreement.

15 9. Notify the State Historic Preservation Office immediately in writing of problems or
16 changes in scope of work, budget, product, and performance reporting. No changes
17 can be made without prior written approval from the State Historic Preservation Office.

18 10. Following the notification of the Grant award and before work begins, the GRANTEE
19 will attend a project meeting with the State Historic Preservation Office's grants
20 manager.

21 11. Adhere to all of the policies and procedures described in the *Grants Manual Project*
22 *General Administrative Guidelines* (~~2019-2020~~2021-2022) provided by the STATE to
23 the GRANTEE upon execution of this Agreement.

1 THEREFORE, the parties to this Agreement acknowledge and will comply with the
2 following general terms:

3 1. Payment of the Grant shall be made upon compliance with the terms of this Agreement,
4 including but not limited to:

5 a. An inspection by the STATE to ensure that the GRANTEE has completed all
6 project work satisfactorily in accordance with the terms of this Agreement.

7 b. The submission of satisfactory progress reports as referred to above.
8 Reimbursement requests shall not be processed until such reports are received.

9 c. The submission of a Financial Report that must be executed by the person in charge
10 of the project. The request shall be accompanied by copies of all original bills from
11 contractors, suppliers, and vendors, and proof of payment of those bills to assure
12 evidence of compliance prior to reimbursement.

13 d. The State Historic Preservation may, at its discretion, retain ten percent (10%) of
14 the STATE'S contribution to the project. When the STATE has received and
15 approved the final report and proof of payment of all bills and canceled checks, the
16 STATE shall pay the funds retained to the GRANTEE and issue an official letter
17 to the GRANTEE to close out the Grant.

18 e. Progress payments may be made at the discretion of the State Historic Preservation
19 Office upon the completion of distinct phases of work provided that the above-
20 mentioned conditions have been met for each phase of work.

21 f. Any progress payment made by the STATE shall not constitute nor be construed
22 as a waiver by the STATE of any breach of covenants or any default which may
23 exist on the part of the GRANTEE, nor shall any such breach or default impair or
24 prejudice any right or remedy available to the STATE.

- 1 2. In any news release or printed material describing or promoting the project or any
2 material produced as a result of the Grant, appropriate credit shall be given to the
3 STATE by including the phrase "this project has been funded with the assistance of the
4 Commission for Cultural Centers and Historic Preservation".
- 5 3. Both parties understand that a funding-out provision is required by NRS 244.320 and
6 NRS 354.626. Continuation of this Grant is subject to and contingent upon sufficient
7 funds being appropriated, budgeted, and otherwise made available by the State
8 Legislature and/or federal sources. Reservation of funds based upon budget reductions
9 is included herein. The State Historic Preservation Office may reduce or terminate this
10 Grant, and GRANTEE waives any and all claims(s) for damages, effective immediately
11 upon receipt of written notice (or any date specified therein) if, for any reason, the State
12 Historic Preservation Office's funding from State and/or federal sources is not
13 appropriated or is withdrawn, limited, or impaired.
- 14 4. The State Historic Preservation Office or the GRANTEE may terminate this
15 Agreement in whole, or in part, when both parties agree that the continuation of the
16 project will not produce beneficial results commensurate with the further expenditure
17 of funds. The State Historic Preservation Office and the GRANTEE must both agree
18 in writing upon the termination condition, including the effective date, and in the case
19 of partial termination, the portion to be terminated.
- 20 5. If the GRANTEE fails to comply with any of the terms of this Agreement, the State
21 Historic Preservation Office shall have the right to cancel this Agreement without the
22 consent of the GRANTEE and to file suit, in law or equity. The purpose of the suit
23 shall be to cause the GRANTEE to cure said violations or to obtain the return of funds
24 granted to the GRANTEE by the STATE. The STATE shall bring such suit in the

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District Court of the county in which the property is located.

6. The commencement date for all work to be performed under this Agreement is **DATE HERE**. The termination or end date is **DATE HERE**. The State Historic Preservation Office shall not consider any work performed at any time other than described in this paragraph as an eligible activity for reimbursement purposes. All requests for reimbursement must be submitted to the State Historic Preservation Office no later than **DATE HERE**. The STATE shall not pay any requests received at the office of the State Historic Preservation office after this date pursuant to this Agreement. Upon receiving reimbursement requests, the State Historic Preservation Office will review the request for completeness and accuracy. If complete and accurate, the reimbursement request will be processed within fifteen (15) business days of receipt.
7. The GRANTEE shall submit a Financial Report reimbursement request totaling at least **INSERT MINIMUM AMOUNT HERE** by no later than **DATE HERE**. This Financial Report must be executed by the person in charge of the project. The request shall be accompanied by copies of all original bills from contractors, suppliers, and vendors, and proof of payment of those bills to assure evidence of compliance prior to reimbursement.
8. This Agreement shall be construed and interpreted according to the laws of the State of Nevada.
9. All work conducted by the GRANTEE shall be assessed by the State Historic Preservation Office for adequacy of performance and conformance with *The Secretary of the Interior's Standards for the Treatment of Historic Properties*. If work does not meet the terms of this Agreement, the GRANTEE shall remedy the work even if that requires the expenditure of funds other than those contributed to the project by the

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Commission for Cultural Centers and Historic Preservation.

10. The GRANTEE agrees to revert to the State Historic Preservation Office all funds contributed to the project by the Commission for Cultural Centers and Historic Preservation if the GRANTEE does not meet the terms of this Agreement or if the GRANTEE violates any section of NRS.

11. Under the terms of this Agreement, the GRANTEE warrants that it shall not discriminate nor allow discrimination against any employee based on race, color, religion, sex, sexual orientation, gender identity or expression, age, disability or national origin. The GRANTEE shall permit the STATE access to its records of employment, advertisements, and other pertinent data relative to this provision.

1 IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed

2 and intend to be legally bound thereby entered into this _____ day of _____,

3 ~~2020~~2022.

4

5 **GRANTEE**

6 By: _____

7 Name (*print*): _____

8 Title (*print*): _____

9 Date (*print*): _____

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11 **STATE-COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

12 By: _____

13 Robert Ostrovsky, Commission Chair Date: _____ **REVIEWED AS TO**

14 **FORM ONLY:**

15 Aaron Ford, Attorney General

16 By: _____, Date: _____,

17 Senior Deputy Attorney General

1 **ATTACHMENT A-1**

2 **SCOPE OF WORK**

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5 Project Scope:

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7 This project shall support the completion of the following:

8
9 Stipulations:

- 10 1. All work shall conform to the *U.S. Secretary of the Interior's Standards for*
11 *Rehabilitation* unless otherwise approved by the State Historic Preservation Office.
- 12 2. The GRANTEE is required to submit drawings and specifications (or the equivalent)
13 for State Historic Preservation Office review prior to the start of construction. All
14 work shall conform to visual and/or written specifications submitted to and approved
15 by the State Historic Preservation Office before work begins.
- 16 3. The GRANTEE is required to submit the contractor's itemized budget including a
17 break-down for materials and labor with the finalized drawings and specifications
18 described in Item #2 for State Historic Preservation's review before work begins.
- 19 4. If any changes are made to the project, the GRANTEE must submit updated visual
20 and/or written specifications for the proposed work before any work commences and
21 wait for written approval from the State Historic Preservation Office before work
22 commences/resumes. All completed work shall conform to visual and/or written
23 specifications submitted to and approved by the State Historic Preservation Office
24 before work begins.
- 25 5. The GRANTEE shall provide the State Historic Preservation Office with updates on
26 project progress.
- 27 6. The GRANTEE shall provide the STATE with full access to all documents necessary
28 for a comprehensive audit. Should the STATE find costs that are not allowed by State
29 accounting practices or that are outside the terms of this agreement; the GRANTEE
30 shall refund the amount to the STATE.
- 31 7. The GRANTEE agrees to notify the Commission for Cultural Centers and Historic
32 Preservation (Commission) when there are fundamental changes to its programming,

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to its structure as an organization, or to its leadership, and the Commission may consider these changes in future funding decisions.

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ATTACHMENT A-2 BUDGET		
Participant:		
Project Title:		
Termination Date:		
Project ID #		
Itemized Budget	CCCHP Share	\$
	Subtotal CCCHP Share:	\$
	Non-CCCHP Share (if applicable)	\$ \$
	Subtotal Non-CCCHP Share:	\$
	Total Project Costs:	\$

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1 **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**
2 **(CCCHP-PROJECT NUMBER) COVENANTS**

3 These covenants are made and entered into between the State of Nevada, acting
4 through the office of historic preservation as staff assistance to Commission for Cultural
5 Centers and Historic Preservation (STATE), hereinafter referred to as "STATE" and
6 **NAME OF PROPERTY OWNER** hereinafter referred to as "PROPERTY OWNER",
7 for the purpose of the property known as the **PROPERTY NAME**, which is owned in fee
8 simple by the PROPERTY OWNER.

9 The property is comprised essentially of grounds, collateral, appurtenances, and
10 improvements. The property is more particularly described as follows:

11 **COUNTY ASSESSOR'S PARCEL NUMBER AND LEGAL DESCRIPTION**

12 In consideration of the sum of **\$GRANT AWARD** received in grant-in-aid
13 assistance from the STATE, the PROPERTY OWNER hereby agrees to the following for
14 a period of time ending on **TERMINATION DATE OF COVENANTS**.

- 15 1. The PROPERTY OWNER agrees to assume the cost of the continued
16 maintenance and repair of said property so as to preserve the architectural,
17 historical, cultural or archaeological integrity of the same, in order to protect
18 and enhance those qualities which make it historically significant as
19 determined by the STATE.
- 20 2. The PROPERTY OWNER agrees that no visual or structural alterations to
21 either the interior or exterior of the property will be made without prior
22 written permission of the STATE.

- 1 3. The PROPERTY OWNER agrees that the STATE, its agents and designees,
2 shall have the right to inspect the property at all reasonable times, in order to
3 ascertain whether or not the conditions of these Covenants are being observed.
- 4 4. The PROPERTY OWNER agrees that when the property is not clearly visible
5 from a public right of-way or includes interior work assisted with State of
6 Nevada, Commission for Cultural Centers and Historic Preservation grant
7 funds, the property will be open to the public not less than twelve (12) days a
8 year on an equitable spaced basis and at other times by appointment. Nothing
9 in these Covenants will prohibit the PROPERTY OWNER from charging a
10 reasonable, non-discriminatory admission fee, comparable to fees charged at
11 similar facilities in the area.
- 12 5. The PROPERTY OWNER further agrees that when the property is not open
13 to the public on a continuing basis, and when the improvements assisted with
14 State of Nevada Commission for Cultural Centers and Historic Preservation
15 grant funds are not visible from the public right-of-way, notification will be
16 published for three consecutive working days, no less than one week prior to
17 the opening date in one newspaper of general circulation in the community
18 area in which the property is located. The advertisement shall give the dates
19 and times when the property will be open. Documentation of such notice will
20 be furnished annually to the STATE during the term of these Covenants.
- 21 6. The PROPERTY OWNER agrees to comply with Title VI of the Civil Rights
22 Act of 1964 (U.S.C. 2000 (d)), the Americans with Disabilities Act (42 U.S.C.

1 12204), and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.
2 794). These laws prohibit discrimination on the basis of race, religion,
3 national origin, or disability. In implementing public access, reasonable
4 accommodation to qualified disabled persons shall be made in consultation
5 with the STATE.

6 7. The agreement shall be enforceable in specific performance by a court of
7 competent jurisdiction.

8 8. SEVERABILITY CLAUSE - It is understood and agreed by the parties
9 thereto that if any part, term, or provision of this agreement is held to be illegal
10 by the courts, the validity of the remaining portions or provisions shall not be
11 affected, and the rights and obligations of the parties shall be construed and
12 enforced as if the contract did not contain the particular part, term, or
13 provision held to be invalid.

14 9. These restraints shall run with the property and are binding upon the
15 PROPERTY OWNER and any and all successors, heirs, assignees, or lessees.

16 10. The STATE shall have the right to file suit in law or equity, if the PROPERTY
17 OWNER violates any of the restraints of these Covenants. The purpose of
18 the suit shall be to cause the PROPERTY OWNER to cure said violations or
19 to obtain the return of funds granted to the PROPERTY OWNER by the
20 STATE.

21 11. The PROPERTY OWNER shall record these Covenants in the Recorder's
22 Office of the County in which the subject property is located. The STATE'S

1 obligations with regard to the subject property shall not become effective until
2 the PROPERTY OWNER has furnished the STATE satisfactory proof of the
3 aforementioned recordation.

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COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION (CCCHP-PROJECT NUMBER)
COVENANTS

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These CCCHP Covenants are entered into this _____ day of _____,

~~2022~~2022.

PROPERTY OWNER -

Signature

Name and Title (print)

Witnessed by Notary Public

State _____

County of _____

On _____

_____, personally appeared before me, _____

a Notary Public in and for said County and State. They are known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that _____ executed the same freely and voluntarily and for the uses and purposes therein mentioned.

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Notary Public

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**STATE-COMMISSION FOR CULTURAL CENTERS AND HISTORIC
PRESERVATION**

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Robert Allan Ostrovsky, Chair

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12 **REVIEWED AS TO FORM ONLY:**

13 Aaron Ford, Attorney General

14 By: _____ Date: _____

15 Senior Deputy Attorney General

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ATTACHMENT C

CIVIL RIGHTS ASSURANCE

As the authorized representative of the GRANTEE, I certify that the GRANTEE agrees that, as a condition to receiving any public financial assistance from the State of Nevada, it will comply with all Federal and State laws relating to nondiscrimination. These laws include, but are not limited to: (a) Title VI of Civil Rights Act of 1964 (42 U.S.C. 2000d-1), which prohibits discrimination on the basis of race, color or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap; (c) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101et. seq.), which prohibits discrimination on the basis of age; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by the GRANTEE. The GRANTEE hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE shall apply to all aspects of the GRANTEE's operations including those parts that have not received or benefited from public financial assistance.

If any real property or structure thereon is provided or improved with the aid of public financial assistance extended to the GRANTEE by the Commission for Cultural Centers and Historic Preservation, this assurance shall obligate the GRANTEE, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the public financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the GRANTEE for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the GRANTEE for the period during

1 | which the public financial assistance is extended to it by the State of Nevada.

2 | THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and
3 | all publicly funded grants, loans, contracts, property, discounts or other federal financial assistance
4 | extended after the date hereof to the GRANTEE by the State of Nevada, including installment
5 | payments after such date on account of GRANTEES for public financial assistance which were
6 | approved before such date.

7 | The GRANTEE recognizes and agrees that such public financial assistance will be
8 | extended in reliance on the representations and agreements made in this assurance, and that the
9 | State shall have the right to seek judicial enforcement of this assurance. This assurance is binding
10 | on the GRANTEE, its successors, transferees, assignees, and sub recipients and the person whose
11 | signature appears below who is authorized to sign this assurance on behalf of the GRANTEE.

12 |
13 | _____

14 | Signature of Authorized Certifying Official

_____ Title

15 |
16 | _____

17 | Authorized Certifying Official (*print name*)

_____ Date Submitted

18 | _____

19 | GRANTEE/Organization

20 | _____

21 | GRANTEE /Organization Mailing Address

1 **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

2 **FUNDING AGREEMENT AMENDMENT # 1**

3 Project:

4 Date:

5 Grant Number:

6 GRANTEE:

7 On approval by the parties, this amendment shall become a part of the original agreement, and
8 shall incorporate the proposed revision below:

9
10 GRANTEE:

11 Signature: _____

12 Name (print): _____

13 Title (print): _____

14 Date (print): _____

15
16 APPROVED BY STATE:

17 State Historic Preservation Office

18 _____

19 Rebecca Lynn Palmer

20 State Historic Preservation Officer

21 Date: _____

Sample Detailed Contractor Estimate

ENTRY PORCH WATERPROOFING & PRINT ROOM CEILING REWORK

• DEMO		\$5,000.00
• NEW UNDERLAYMENT/WATERPROOFING	L&M	\$9,000.00
• NEW WOOD DECK L&M		\$9,500.00
• REWORK STAIRS L&M		\$3,000.00
• MISC TRIM REWORK/REINSTALL L&M		\$3,100.00
• PAINT NEW DECK AND TRIM L&M		\$2,200.00
• INSULATION/DRYWALL/PAINT AT PRINT RM L&M		\$6,650.00
• NEW/ADDED ELECTRICAL (BUDGET ALLOWANCE)		\$2,500.00
	○ TOTAL	\$40,950.00

EAST SIDE WINDOW/DOOR RESTORATION

• REMOVE AND TRANSPORT TO CSCI SHOP		\$4,400.00
• SHOP RESTORATION L&M		\$19,400.00
• REINSTALL LABOR		\$2,200.00
• WINDOW FRAME RESTORATION L&M		\$8,800.00
• REPAINT INSIDE AND OUT L&M		\$4,025.00
• RESTORE 2 DOORS AND FRAMES L&M		\$2,800.00
• LIFT RENTAL		\$2,875.00
	○ TOTAL	\$44,500.00

CHIMNEY REPOINTING

• MASONRY L&M		\$4,025.00
• LIFT RENTAL		\$1,150.00
• SHEETMETAL CAP		\$825.00
	○ TOTAL	\$6,000.00

OUTBUILDING STABILIZATION

• CARPENTRY MATERIALS		\$2,300.00
• CARPENTRY LABOR		\$4,400.00
	○ TOTAL	\$6,700.00

ADA RAMP AT NORTH SIDE

• EXCAVATION/PREP		\$1,150.00
• CONCRETE FOOTINGS		\$3,450.00
• CARPENTRY DECK L&M		\$11,500.00
• RAILS		\$2,875.00
• ADA HARWARE		\$1,025.00
	○ TOTAL	\$20,000.00

Sample Budget Forms Related to Detailed Contractor Estimate

GRANT APPLICATION FOR 2019-2020
PART III BUDGET FORM

Applicant:

1. Personnel:

	Position Title	Hours	Hourly Rate (HR)	✓ if HR includes Fringe Benefits	% of HR that is a fringe benefit	Amount of fringe benefit	Total Amt	State Share	Non-State Share
a.	N/A					0.00	0.00		
b.						0.00	0.00		
c.						0.00	0.00		
d.						0.00	0.00		
e.						0.00	0.00		
f.						0.00	0.00		
g.						0.00	0.00		
Sub-total:							\$0.00	\$0.00	\$0.00

2. Travel: (see GSA rates in the application document)

		Rate	Miles/# of days	Total Amount	State Share	Non-State Share
a.	Mileage					
	1. Person #1-			0.00		
	2. Person #2-			0.00		
b.	Per Diem (Breakfast)			0.00		
	Per Diem (Lunch)			0.00		
	Per Diem (Dinner)			0.00		
c.	Transportation costs (parking fees, taxi, etc.)			0.00		
d.	Lodging					
	1. Weeknight (Sun-Th)			0.00		
	2. Weekend (Fri-Sat only)			0.00		
e.	Other:			0.00		
f.	Other:			0.00		
Sub-total:				\$0.00	\$0.00	\$0.00

GRANT APPLICATION FOR 2019-2020
PART III BUDGET FORM

3. Contractual Services: Attach itemized lists or contractor quotes showing the breakdown of materials and labor costs for all proposed work items

	Contractual Service	Total Amount	State Share	Non-State
	Materials - break out by type			
	Labor - define specific activities			
a. Porch & Print Room Labor	Demolition	4,500.00	4,050.00	450.00
	New Underlayment/Waterproofing Labor	4,000.00	3,600.00	400.00
	New Wood Deck	4,500.00	4,050.00	450.00
	Rework Stairs	2,000.00	1,800.00	200.00
	Miscellaneous Trim Rework/Reinstallation	2,500.00	2,250.00	250.00
	Paint New Deck and Trim	2,000.00	1,800.00	200.00
	Insulation/Drywall/Paint at Print Room	3,650.00	3,285.00	365.00
	New/Added Electrical in Print Room	1,000.00	900.00	100.00
b. Porch & Print Room Materials	Demolition	500.00	450.00	50.00
	New Underlayment/Waterproofing Labor	5,000.00	4,500.00	500.00
	New Wood Deck	5,500.00	4,950.00	550.00
	Rework Stairs	1,000.00	900.00	100.00
	Miscellaneous Trim Rework/Reinstallation	600.00	540.00	60.00
	Paint New Deck and Trim	200.00	180.00	20.00
	Insulation/Drywall/Paint at Print Room	3,000.00	2,700.00	300.00
	New/Added Electrical in Print Room	1,500.00	1,350.00	150.00
c. East Side Window/Door Restoration Labor	Remove and Transport to Shop	4,400.00	3,960.00	440.00
	Shop Restoration	14,400.00	12,960.00	1,440.00
	Window Frame Restoration	8,000.00	7,200.00	800.00
	Repaint Inside and Out	3,625.00	3,262.50	362.50
	Restore 2 Doors and Frames	2,300.00	2,070.00	230.00
c. East Side Window/Door Restoration Materials	Remove and Transport to Shop	0.00	0.00	0.00

	Shop Restoration	5,000.00	4,500.00	500.00
	Window Frame Restoration	800.00	720.00	80.00
	Repaint Inside and Out	400.00	360.00	40.00
	Restore 2 Doors and Frames	100.00	90.00	10.00
d. East Side Window/Door Restoration Equipment	Lift Rental	2,875.00	2,587.50	287.50
e. Chimney Repointing Labor	Masonry	3,025.00	2,722.50	302.50
	Sheetmetal Cap	400.00	360.00	40.00
d. Chimney Repointing Materials	Masonry	1,000.00	900.00	100.00
	Sheetmetal Cap	425.00	382.50	42.50
f. Chimney Repointing Equipment	Lift Rental	1,150.00	1,035.00	115.00
g. Outbuilding Stabilization Labor	Carpentry Labor	2,300.00	2,070.00	230.00
h. Outbuilding Stabilization Materials	Carpentry Materials	4,400.00	3,960.00	440.00
i. ADA Ramp Labor	Excavation/Prep	900.00	810.00	90.00
	Concrete Footings	2,000.00	1,800.00	200.00
	Carpentry Deck	7,000.00	6,300.00	700.00
	Rails	1,000.00	900.00	100.00
	ADA Hardware	400.00	360.00	40.00
j. ADA Ramp Materials	Excavation/Prep	250.00	225.00	25.00
	Concrete Footings	1,450.00	1,305.00	145.00
	Carpentry Deck	4,500.00	4,050.00	450.00
	Rails	1,875.00	1,687.50	187.50
	ADA Hardware	625.00	562.50	62.50
k. Engineering Consulting	Engineering - Allowance	2,000.00	1,800.00	200.00
	Sub-total:	\$118,050.00	\$106,245.00	\$11,805.00

4. Operating: List estimated operating expenses relating to the proposed project.

		# of	Rate	Flat Rate	Amount	State Share	Non-State	
a.	Photocopying	2		50	50.00	0	50	
b.	Film and Processing							
c.	Maps							
d.	Postage							
e.	Telephone							
f.	Utilities							
g.	Supplies (specify):							
h.	Other (specify): Blueprints for Permit	2		200	200.00	200		
i.	Other (specify):							
Sub-total:					225.00	\$250.00	\$200.00	\$50.00

5. Other (please specify or attach detailed budget):

		Rate	Amount	State Share	Non-State
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
Sub-total:			\$0.00	\$0.00	\$0.00

GRANT APPLICATION FOR 2019-2020
PART III BUDGET FORM

6. Section #1- 5 Subtotals:

		Amounts	State Share	Non-State Share
1.	Personnel	0.00	0.00	0.00
2.	Travel	0.00	0.00	0.00
3.	Contractual Services	118,050.00	106,245.00	11,805.00
4.	Operating	250.00	200.00	50.00
5.	Other	0.00	0.00	0.00
Sub-total:		\$118,300.00	\$106,445.00	\$11,855.00

7.	Requested State Share Total:	Subtotal:	\$106,445.00
8.	Potential Non-State Share:	Subtotal:	\$11,855.00
9.	Actual Non-State Share:	Subtotal:	\$0.00
10.	Proposed Project Costs Grand Total:		\$118,300.00



State of Nevada Commission for Cultural Centers and Historic Preservation

Request for Permission to Undertake Structural or Visual Alterations

In accordance with current Covenants (Stipulation 2) in effect on the property below,
_____ (name of owner/organization) is requesting written
permission to undertake visual or structural alterations as described below:

Building Name:

Building Address:

Building's Date of Construction:

Expiration Date of Covenants:

Supplementary Information:

Please indicate if you have submitted the following–

- Written description of proposed work (*required; see second page*)
- Photographs of existing conditions (*required; please attach*)
- Sketches, plans, or architectural drawings depicting the proposed work
- Sketch or site plan of project location
- Specs of materials to be used
- Historic photographs depicting past condition or design
- Other

Request Submitted by:

Print name

Signature

Organization -

Title -

Email address -

Phone number -

Date of Request:

Please allow up to 14 business days for this form to be processed. Proposed work must not begin until this form has been reviewed and approved by the State Historic Preservation Office.

***Commission for Cultural Centers and Historic Preservation
Request for Permission to Undertake Structural or Visual Alterations***

Please submit request form and supplementary materials to the State Historic Preservation Office, 901 S. Stewart St., Ste. 5004, Carson City, NV 89701-5248 or by email to knbrown@shpo.nv.gov.

Description of Proposed Work:

Please provide a thorough written description of the proposed work, including–

- Location on building
- Approximate size of area affected
- Existing conditions
- Materials to be used
- Proposed methods (must follow the [Secretary of the Interior's Standards](#))

(Use as many pages as needed)

APPENDIX II

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CCCHP FY2021-2022 Important Dates

Project Commencement Date*	TBD
Progress Report #1 Due	TBD
Progress Report #2 Due	TBD
Progress Report #3 Due	TBD
Project Termination Date**	TBD
Final Product Due	TBD
Final Reimbursement Due	TBD
Reimbursement Processing timeline***	15 business days upon receipt

~~*Reimbursement for any Grant or non-Grant share must occur on or after this date.~~

Reimbursements will not be granted for work that has started or completed before this date.

~~**Reimbursement for any Grant or non-Grant share in relation to this grant must occur on or before this date.~~ Reimbursement requests will not be honored for work completed after this date.

***All reimbursement requests are reviewed for completeness upon receipt. If everything is in order, reimbursement requests will be processed within 15 business days.



CCCHP REIMBURSEMENT REQUEST

Report Period (mm/dd/yy)	
From: _____	To: _____

Grantee: _____	Grant No. _____
Project Title: _____	Request No. _____
State Vendor Number: _____	

BUDGET SUMMARY--GRANT SHARE (Please include backup documentation)

Category	Budgeted Amounts	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total	-	-	-	-
Total Funds Requested for Reimbursement on this Claim				-

BUDGET SUMMARY--MATCH SHARE (Please include backup documentation)

Category	Budgeted Amounts	Previously Claimed (Cumulative)	Funds Spent This Period	Balance Remaining
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total	-	-	-	-
Total Match Reported in this Claim				-

Fill out both budget summaries to autopopulate this section.	TOTAL
1. Total project funds	-
2. Total project funds spent this period (Grant & Match)	-
3. Revenues earned in this report period	-
4. Total project funds previously spent. (Grant and Match)	-
5. Total Grant funds spent to date	-
6. Total match claimed to date (Cash and in-kind)	-
7. Remaining balance of match	-
8. Remaining balance of Grant funds	-

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

Signature of Authorized Official _____	Date _____	Title _____
--	------------	-------------

Backup Documentation

- Have you included documentation that shows payment was made for each of the approved budget categories you are requesting reimbursement for?

For the Grant and Match shares, the following documentation is considered necessary backup. Be sure to clearly label each invoice with what is applied to the Grant and what is Match. If a portion is covered by another grant, be sure to make note of that as well.

Personnel (Timesheets)

- Have you or other staff working on the project and the appropriate supervisor signed and dated the timesheets?
- Do they clearly identify the day, month, and hours spent on the grant project?
- Have you identified the hourly rate (including benefits) at which the work is being charged?
- Have you submitted documentation to justify the hourly rate? Is the hourly rate at or below the rate of \$82.57?
- Was the work completed during the grant period?

Consultant/contractor Services

- Have you enclosed the invoice from the consultant/contractor? A copy or original is fine.
- Does the invoice clearly indicate the time in which the work was performed?
- ~~Has the invoice been signed and dated by the consultant/contractor?~~
- Was the work performed during the grant period?
- Did you include all necessary copies of cancelled checks, bank statements, receipts, etc. to prove payment?

Commented [CH1]: Not all consultants/contractors sign the invoices. Should we keep this note or delete?

Travel Claims

- Were travel expenditures identified in your original project budget?
- Has each individual completed the travel form if necessary?
- Are the original signatures on the travel form for both the individual and the project director?
- Was the travel completed during the grant period?
- Is the requested travel reimbursement at or below the allowable federally approved GSA rate?
- Tips or gratuities are not reimbursable. Have you adjusted your travel claim(s) accordingly?
- Did you include receipts for lodging, airfare and/or car rentals?

Supplies/Operating

- Were these expenditures identified in your original project budget?
- Were these expenditures within the grant period?
- Have you included copies of all receipts/invoices? Are they clearly identified?
- If a receipt includes items not reimbursable with grant funds, are the items being claimed highlighted?

- Were the supplies purchased during the grant period?
- Were the operating expenses performed during the grant period?

Donated Equipment/Material Forms

- If necessary, have you completed the "**Value of Donated Equipment**" form?
 - Is the supervisor's original signature on the "Value of Donated Equipment" form?
 - Is the hourly rate identified? Is the hourly rate at or below the rate of \$82.57?
 - Are the equipment operator's original signature(s) and the volunteer's supervisor's original signature on the form?
 - Was the use of the donated equipment done during the grant period?
- If necessary, have you completed the "**Value of Donated Material**" form?
 - Is the supervisor's original signature on the "Value of Donated Material" form?
 - Is the current fair market value identified and justified?
 - Is the date of the donation identified on the form?
 - Was the donation made during the grant period?

Donated Labor Forms

- Has each volunteer completed a "Value of Donated Labor" form if necessary?
- Are the original signatures on the "Value of Donated Labor" form from both the volunteer and the volunteer's supervisor?
- Is the wage rate identified and justified? Is the hourly rate at or below the rate of \$82.57?
- Are the month, day and hours worked identified on the form?
- Was the work performed during the grant period?

Other Expenditures

- Were these expenditures identified in your original project budget?
- Were these expenditures within the grant period?
- Have you included copies of all receipts/invoices? Are they clearly identified?
- If a receipt includes items not reimbursable with grant funds, are the items being claimed highlighted?

Final Reimbursement Checklist Items

- Did you double check your math?
- Do the invoice totals and the reimbursement request totals match up?

***If any of your answers are "NO", the reimbursement request may be denied. Please contact the grant manager with any questions or concerns.**



This form authenticates the individuals authorized to sign requests for reimbursement and/or quarterly progress reports. Please complete this form, stating whom the **project manager**, **financial manager**, and **alternate person** will be, along with their signatures and date.

CCCHP Grant #: _____

Organization Name: _____

Mailing Address: _____

Phone Number(s): _____

Authorized Signatories* (please include up to three):

X _____
Authorized Official Project Manager (print)

X _____
Signature of Authorized Project Manager

X _____
Title (print)

X _____
Authorized Official Financial Manager (print)

X _____
Signature of Authorized Financial Manger

X _____
Title (print)

X _____
Authorized Official Alternate (print)

X _____
Signature of Authorized Alternate

X _____
Title (please print)

This is to certify that the above individuals are authorized to sign the CCCHP Reimbursement Request form, the Quarterly Progress Report form and the Project Change Request forms.

Signature of Authorizing Official

Title (print)

Date



CCCHP GRANT PROGRAM
VALUE OF DONATED MATERIAL

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____ <p style="text-align: center;">Report Period</p> From: _____ To: _____
---	---

DESCRIPTION OF MATERIAL DONATED	DATE OF DONATION	CURRENT FAIR MARKET VALUE	BASIS OF VALUE
		-	

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.		
_____ Signature of Authorizing Grantee Official	_____ Date	_____ Title



CCCHP GRANT PROGRAM
VALUE OF DONATED EQUIPMENT

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____ <p style="text-align: center;">Report Period</p> From: _____ To: _____
---	---

DATE	TYPE AND SIZE OF EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE	VALUE OF DONATION (HOURS OF USE X HOURLY RATE)	EQUIPMENT OPERATOR'S SIGNATURE
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
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				-	
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				-	
				-	
				-	
				-	
				-	
				-	
				-	

TOTAL VALUE OF DONATION _____ -

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.		
_____ Signature of Authorizing Grantee Official	_____ Date	_____ Title



CCCHP GRANT PROGRAM VALUE OF DONATED LABOR

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____ <div style="text-align: center;">Report Period</div> From: _____ To: _____
---	---

NAME OF PERSON CONTRIBUTING DONATED TIME

TYPE OF WORK PERFORMED
(LABORER, PLUMBER, MASON, ETC.)

HOURLY RATE

BASED ON

A person donating time to a project will be paid at the federal minimum wage unless he/she is professionally skilled in the work they are performing on the project (i.e., plumber doing work on pipes, mason doing work on a brick building). When this is the case, the wage rate this individual is normally paid for performing this service may be charged to the project.

DATE	TIME OF WORK				TOTAL WORK HOURS	HOURLY RATE	VALUE (DONATED HOURS X RATE)
	START	END	START	END			
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
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					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-

TOTAL VALUE OF DONATION _____ -

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.

Signature of Person Donating Time _____ Date _____

Signature of Supervisor _____ Date _____



NEVADA
STATE HISTORIC
PRESERVATION OFFICE

PROPERTY RECORD

Grantee: _____

Grant No.: _____

Project Title: _____

Property listed herein has been assigned to the Grantee for use as set forth in above project number.

REMINDER: SHPO MUST BE NOTIFIED PRIOR TO ACTION WHICH WOULD RESULT IN PROPERTY DISPOSITION

DATE RECEIVED	PROPERTY DESCRIPTION	SERIAL NO. OR OTHER I.D.#	SOURCE OF PROP. (VENDOR)	TITLE HOLDER	COST	% OF GRANT	LOCATION OF PROPERTY	USEFUL LIFE

I certify that to the best of my knowledge and belief, the information contained herein is true and correct.

Signature of Project Director

Date

Name (Please Print)



CCCHP GRANT PROGRAM COMPETITIVE NEGOTIATION AND SMALL PURCHASES CONTRACTING DOCUMENTATION

Subgrantee: _____ Address: _____ Project Title: _____	Subgrant No. _____
--	---------------------------

Purpose of Contract: _____

Type of Contract:

Professional Services	_____
Printing	_____
Equipment/Supplies	_____
Other	_____

Contact Information:

- 1 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____
- 2 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____
- 3 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.	
_____ Signature of Certifying Officer for Grantee	_____ Date



STATE OF NEVADA
 Commission For Cultural Centers and Historic Preservation
CONTRACTOR CLAIM FOR TRAVEL EXPENSE
 (SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name & Title: _____
Employee ID #: _____
Official Station: _____

I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates.

Signature of Traveler Date

DATE	DETAIL DESTINATION AND PURPOSE OF EACH TRIP ("NO ACRONYMS")	TIME		MILEAGE	TOTAL VEHICLE COSTS	DAILY EXPENSES				PER DIEM TOTAL	CLAIM TOTAL	
		ENTER TRAVEL	LEAVE TRAVEL			Meals			Incidental			Lodging
						B	L	D				
					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
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					\$ -						\$ -	\$ -
					\$ -						\$ -	\$ -
	Other Costs: ATM Fees, etc...											\$ -
	AIRPORT PARKING: Personal Vehicle											\$ -
	TRANSPORTATION: Other (i.e. Taxi, Rental, Shuttle)											\$ -
	TRANSPORTATION: Public (i.e. Subway, City Bus)											\$ -
											TOTAL CLAIM	\$ -

Claimant is: _____ Independent Contractor Whose Contract Provides for Travel

***Receipts are required for:**
 Hotel and Transportation Charges
 ATM and bank transactions
 Airfare

Travel Claim Total Summary		
Transportation	=	\$ -
Personal Vehicle	=	\$ -
Per Diem	=	\$ -
Other Costs	=	\$ -
Total Claim:		\$ -

This form is used for the State to reimburse the contracted traveler and must be submitted within one month of completion of travel unless prohibited by exceptional circumstances (SAM 0220.0).



NEVADA
**STATE HISTORIC
 PRESERVATION OFFICE**

PROJECT CHANGE REQUEST

Grantee: _____ Project Title: _____ State Vendor Number: _____	Grant No. _____ Report No. _____
---	---

BUDGET REVISION SUMMARY

Category	Current Budget (list full approved budget)	Request Budget	Net Change
	note made to list full approved budget		#VALUE!
			-
			-
			-
			-
			-
			-
			-
TOTAL	-	-	#VALUE!

OTHER CHANGES:

See Continuation Sheet

Change Project Director: From: _____ To: _____

Change Grant Period: From: _____ To: _____

Revise Scope of Work: See Continuation Sheet

The Grantee must provide a written explanation of what the requested changes are and why money needs to be shifted (increased/decreased) among other budget categories. Ordinarily, shifting of funds should not change the scope of the project. The Grantee will receive a copy of the request and cannot act upon the request until it has been approved in writing.

Signature of Project Director _____ Date _____ Signature of SHPO _____ Date _____



CCCHP GRANT PROGRAM PROJECT CHANGE REQUEST

(Continuation Sheet)

Grantee: _____	Grant No. _____
Project Title: _____	Request No. _____
State Vendor Number: _____	

REVISION SUMMARY

(Describe proposed changes)



CCCHP GRANT PROGRAM

PROGRESS REPORT

Grantee: _____	Grant No. _____
Address: _____	Report No. _____
Project Title: _____	Report Period
	From: <input type="text"/> To: <input type="text"/>

Column A: List **all** project products/deliverables.Categories (Refer to Attachment A of your Funding Agreement.)

Column B: Indicate the anticipated completion date for that particular category ~~per the funding agreement.~~

Column C: Indicate the percentage (%) of phase/project complete at the time of this report.

*See page 22 of grant Manual for Reporting Requirements

A. Products/Deliverables/Project Category	B. Anticipated Completion Date	C. Percentage (%) of grant-funded project completed at this time.
EX: Recon. Survey of Xanadu Neighborhood Replace Roof	6/30/226305/01/2025	75% -1st Draft
1.		
2.		
3.		

Project Activity

*Commence Narrative Report of Project Here - Attach photographs showing work completed to date, if applicable. Be sure to report **all** project activity during this reporting period.*



CCCHP GRANT PROGRAM

Signature of Project Director

Date

FINAL REPORT FORMAT (EXAMPLE)

The following material will form the basis for the final project report for each CCCHP rehabilitation project. Please make sure to label and include the following sections:

PART I: PROPERTY and OWNERSHIP IDENTIFICATION

1. Grant project number
2. Property name and address
3. Name and address of the property owner
4. Name and address of architectural/engineering firm, if applicable
5. Name and address of general contractor, if applicable
6. Name and address of specialist contractor, if applicable
7. Dates of project work (including development of plans and specifications)

PART II: FISCAL REPORT

1. Total project cost, including CCCHP share
2. Final work cost breakdown (see example below)

A. Final work-cost breakdown example:

Architectural Fees	\$3,125.00
Scaffolding	5,000.00
Demolition	4,000.00
Replace steel lintels	3,902.00
Glass and glazing	2,500.00
Carpentry	0.00
Window repair	10,263.00
Door repair	1,000.00
Painting	3,700.00
TOTAL	\$33,490.00
CCCHP Grant monies expended:	\$11,000.00
Grant Match expended:	\$22,490.00

B. List by donor, source, kind, and amount for each of the other funding sources example:

Donor:	Local Non-Profit
Source:	Revenue
Kind:	Cash
Amount:	\$22,490.00

3. Brief narrative explaining any differences between original work cost estimates and final costs

PART III: CASE STUDY NARRATIVE

1. Brief (one to two pages) narrative of preservation or restoration needs prior to grant award
2. Brief (one to two pages) narrative of completed project work, including reference to consultants' reports, test results, products, and materials used to accomplish the preservation or restoration objective(s)
3. A proposed maintenance schedule based upon the particular problems encountered and addressed

FINAL REPORT FORMAT (EXAMPLE)

4. Brief (one to two pages) narrative of preservation problems that still need to be addressed

PART IV: PHOTOGRAPHIC INDEX (see example below)

Please use the example format below and be sure to include:

1. At least two photographs of the condition of each work category prior to grant funded work
2. At least two photographs of work in progress for each work category
3. At least two photographs of work completed for each work category

Photographic Index Example:

Before Work

<u>Index #</u>	<u>View</u>	<u>Date Taken</u>
B1	South Elevation overview (typical)	5/20/2005
B2	Detail of South entry door	5/20/2005
B3	Detail of typical wood window	5/20/2005
B4	Detail of typical metal window	5/20/2005
B5	Detail of stucco condition above window	5/20/2005
B6	Termite damage at window trim	5/20/2005

During Work

<u>Index #</u>	<u>View</u>	<u>Date Taken</u>
D1	South Elevation showing work on doors and windows	1/15/2006
D2	Detail showing mortise and tenon joinery and hardware being stripped	1/15/2006
D3	Detail showing reglazing of wood window	1/15/2006
D4	Detail of paint preparation and condition of wood at window	1/15/2006
D5	Detail of paint preparation at metal window	1/15/2006
D6	Detail of exposed deteriorated steel lintel	1/15/2006
D7	Detail of replacement lintel being installed	1/15/2006
D8	Profile of new wood trim compared with original wood trim	1/15/2006

After Work

<u>Index #</u>	<u>View</u>	<u>Date Taken</u>
A1	South Elevation showing completed work	6/1/2006
A2	Wood door and hardware now restored	6/1/2006
A3	Wood window now restored	6/1/2006
A4	Metal window now restored	6/1/2006
A5	Stucco and brick work at lintel now repaired	6/1/2006
A6	Wood trim replaced at limited interior window frames	6/1/2006

APPENDIX III

- [SECRETARY OF INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES AND 36 CFR 68](#) 79
- [NRS 332: PURCHASING: LOCAL GOVERNMENTS](#) 83
- [NRS 383: HISTORIC PRESERVATION AND ARCHEOLOGY](#) 101
(Commission for Cultural Centers and Historic Preservation at page 92; 383.500)

Please go to <https://www.nps.gov/tps/standards/treatment-guidelines-2017.pdf> to see the full 252-page document



THE SECRETARY
OF THE INTERIOR'S
**STANDARDS FOR
THE TREATMENT
OF HISTORIC
PROPERTIES**

WITH
**GUIDELINES FOR
PRESERVING,
REHABILITATING,
RESTORING &
RECONSTRUCTING
HISTORIC
BUILDINGS**



U.S. Department of the Interior
National Park Service
Technical Preservation Services

Under the National Historic Preservation Act (NHPA), the Secretary of the Interior is responsible for establishing professional standards and for providing guidance on the preservation of the nation's historic properties. *The Secretary of the Interior's Standards for the Treatment of Historic Properties* apply to all grants-in-aid projects assisted through the Historic Preservation Fund (authorized by the NHPA) and are intended to be applied to a wide variety of resource types, including buildings, sites, structures, objects, and districts. The Standards address four treatments: preservation, rehabilitation, restoration, and reconstruction. The treatment Standards, developed in 1992, were codified as 36 CFR Part 68 in the July 12, 1995, Federal Register (Vol. 60, No. 133). They replaced the 1978 and 1983 versions of 36 CFR Part 68, entitled *The Secretary of the Interior's Standards for Historic Preservation Projects*. The revised Guidelines herein replace the Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings, published in 1995 to accompany the treatment Standards.

The Secretary of the Interior's Standards for the Treatment of Historic Properties are regulatory only for projects receiving Historic Preservation Fund grant assistance and other federally-assisted projects. Otherwise, these Guidelines are intended to provide general guidance for work on any historic building.

Another regulation, 36 CFR Part 67, focuses on "certified historic structures" as defined by the Internal Revenue Service Code of 1986. The Standards for Rehabilitation cited in 36 CFR Part 67 should always be used when property owners are seeking certification for federal tax benefits.

THE SECRETARY OF THE INTERIOR'S **STANDARDS**
FOR THE TREATMENT OF HISTORIC PROPERTIES
WITH
GUIDELINES FOR PRESERVING, REHABILITATING,
RESTORING & RECONSTRUCTING HISTORIC BUILDINGS

Revised by Anne E. Grimmer

*from The Secretary of the Interior's Standards
for the Treatment of Historic Properties with
Guidelines for Preserving, Rehabilitating,
Restoring & Reconstructing Historic Buildings
Kay D. Weeks and Anne E. Grimmer (1995)*

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